

NOV 15 1937

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

36041

Do not use this space.

1. PLACE OF DEATH

(a) County St. Louis MO
 (b) Township St. Louis MO
 (c) City St. Louis MO
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

Registration District No. 791
 Primary Registration District No. 1003
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 CITY HOSPITAL NO. 1

Registered No. 96182. PRINT FULL NAME HARRY EPPEMEYER

(a) Residence, No. 2303 MONTGOMERY ST. St. 26
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX MALE 4. COLOR OR RACE WHITE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) MARRIED
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF ANNA EPPEMEYER
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) OCT. 5, 1888
 7. AGE YEARS 49 MONTHS 10 DAYS 8 If LESS than 1 day, hrs. or min.
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. MAINTENANCE
 9. Industry or business in which work was done, as saw mill, bank, etc. MAN, A-G STORES
 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ST. LOUIS, MO.
 13. NAME WILLIAM EPPEMEYER
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ST. LOUIS, MO.
 15. MAIDEN NAME CARRIE KUMBRINCK
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ST. LOUIS, MO.

17. INFORMANT ANNA EPPEMEYER
 (ADDRESS) 2303 MONTGOMERY ST.
 18. BURIAL, CREMATION, OR REMOVAL PLACE CALVARY CEMETERY DATE OCT. 16, 1937
 19. FUNERAL DIRECTOR Goodrich & Goodrich
 (ADDRESS) 2303 Montgomery St.
 20. FILED 2681-91-130 19 St. Louis
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10/13/37 19
 22. I HEREBY CERTIFY, That I attended deceased from 19....., to 19.....
 I last saw him alive on 19..... Death is said to have occurred on the date stated above, at 4:35 P.M.
 The principal cause of death and related causes of importance were as follows:
Sub-dural Hemorrhage, suffered when he fell against the heater in his home, 2303 Montgomery St. on October 13, 1937, at about 7:39 A.M.
 Other contributory causes of importance:
Arteriosclerosis.

Name of operation Date of
 What test confirmed diagnosis? Was there an autopsy? Yes
 23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? Accident Date of injury 10/13/37
 Where did injury occur? St. Louis, Mo.
 (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.
In Home
 Manner of injury See Above
 Nature of injury
 24. Was disease or injury in any way related to occupation of deceased? No
 If so, specify Alfred J. Perry, M.D.
 (Signed) Deputy Coroner
 (Address) St. Louis

STATEMENT BY LICENSED EMBALMER

I, Charles Goodhart, Licensed Embalmer No. 2777
hereby certify that the body recorded on the reverse side of this certificate was embalmed by Charles Goodhart

L. E.

No. _____ or by _____
working under my personal supervision.

Signed Charles Goodhart, Registered Apprentice No. _____
Licensed Embalmer No. 2777

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)